+

PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

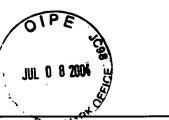
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

*Total of

Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450



| | | ····· | | | • | | , a Degree |
|--|---------------------------|--------------------|------------------------|-----------------|---------------------------|-----------------------------|---|
| Direct all correspondence to: | | | | | | O 4 | |
| □ Customer Number: 23117 | | | | | Place Customer Number Bar | | |
| | Customer | Number: | 2311 | 7 | | Here → | |
| OR | | | Tuna Customar Ni | umbar hara | Label | 11010 | |
| O.K | Type Customer Number here | | | | | | |
| Request for Customer Number (PTO/SB/125) submitted herewith. | | | | | | | |
| in the following listed application(s) or patent(s): | | | | | | | |
| Patent Number | | | | Pa | atent Date | · | U.S. Filing |
| (if appropriate) | | Application Number | | | (if appropriate) | | Date |
| (, | | | 09/694,345 | | | | October 24, 2000 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | · | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | (check one) | |
| : | | | | | | | |
| Typed or | Michelle N. Lester | | | | | | Applicant or Patentee |
| Printed Name | | | | | | | |
| Signature //////////////////////////////////// | | | | | | | Assignee of record of the entire |
| Www.www. | | | | | | | nterest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form |
| Date | January 7, 2004 | | | | | | PTO/SB/96) |
| | | th. | | | | | Attacks of a good |
| Address of signer: 1100 North Glebe Road, 8 th Floor Arlington, VA 22202 | | | | | | Attorney or Agent of record | |
| | | | | | | 32,331 | |
| | | | | | | _ | 32,33 I (Reg. No.) |
| North Colors | | | ard of the entire inte | rest or their r | enresentativ | e(s) are re- | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.* | | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

forms are submitted.